

of forty-five to sixty grains of carbonate of soda dissolved in water, every two or three days.—*Centralblatt für die gesammte Therapie*, 1894, Heft 2, S. 65.

ATROPINE IN MORPHINISMUS.

DR. ALBRECHT ERLÉNMEYER calls attention to the plausible hypothesis of Marmé, that morphine in the body through the taking up of oxygen is changed into oxydimorphine, and it is this substance which gives rise to the symptoms of abstinence—that is to say, that the abstinence-symptoms are the result of oxydimorphine poisoning and not of morphine. Since then these symptoms are not caused by morphine, the use of atropine for their relief is not rational, and should be abandoned.—*Therapeutische Monatshefte*, 1894, Heft 1, S. 14.

CHLORALOSE POISONING.

DR. P. WATSON WILLIAMS reports a single case in which recovery took place. The patient, a highly neurotic lady of forty-two years of age, received ten grains at night suspended in milk. The next evening she again received the same dose. Within ten hours she became very excited and restless, commenced to call out. Two hours afterward she was in a state of acute delirious mania, burying her head in the pillow in abject terror, and did not recognize anyone. The pulse was unusually good, the pupils were unaffected. She forcibly resisted any attempt at restraint, and seemed acutely sensitive to the prick of a needle when a quarter of a grain of morphine was given hypodermatically, the one-sixth of a grain was given a half-hour later, which, however, did not produce any quieting effect. Six hours after the injection of the drug she apparently recovered completely, but was wholly unconscious of all that had taken place. Chloralose is said to act as a sedative to the cortex of the cerebrum, while it stimulates the medulla and spinal cord. In this case it appeared to stimulate the heart's action. In Lang's case, previously reported, there were, with similar dose, no mental symptoms beyond loss of consciousness. Ten grains is considered to be the minimum initial dose, while twenty or thirty grains is not a very large dose. Thus the bad results produced in each of the cases alluded to above, by ten grains only, will serve as a caution in its administration in cases where chloral should be considered as distinctly contra-indicated.—*The Practitioner*, 1894, No. 308, p. 98.

STRYCHNINE AS A CARDIAC AND RESPIRATORY STIMULANT.

DR. W. H. WASHBURN reports the case of a patient who had swallowed two ounces of chloroform with suicidal intent. The dilated pupils did not react to light; the respirations were exceedingly shallow, irregular, and scarcely perceptible; and he had the weak, uncertain, and irregular pulse of a dying man. One-twentieth of a grain of strychnine was injected subcutaneously and artificial respiration practised; one hour afterward one-sixtieth of a grain was injected. Complete recovery followed. It is believed that in strychnine administered hypodermatically we have a valuable remedy for the alarming symptoms which arise during surgical anæsthesia. In one instance

where recovery from chloroform anaesthesia was marked by a blanched appearance of the patient, and almost imperceptible pulse, rapid improvement followed the subcutaneous injection of one-twentieth of a grain of strychnine. — *The Therapeutic Gazette*, 1894, No. 2, p. 75.

THE TREATMENT OF GRIPPE.

DR. GINGEOT closes a very interesting paper with the following conclusions: It is necessary to seek, 1, to sustain the general strength; 2, to preserve in particular the strength of the heart; 3, to combat the local lesions produced by the infection. The stimulants, tonics, notably the *potion alcoolique* (Todd's potion), the wine of Bagnols, fulfil the first indications; caffeine and ether subcutaneously the second, and local revulsives the third. Nitroglycerin diminishes arterial tension and relieves the work of the heart muscle; the iodide of soda acts in the same way and exercises a resolving influence upon the organic alterations. The use of milk is also advisable. — *Journal des Praticiens*, 1894, No. 8, p. 85.

THE TREATMENT OF DIPHTHERIA.

DR. PAULIET claims the best results from treating the false membranes by applications of a saturated solution of papain. One-half hour afterward make an application of a liquid which is composed of equal parts of Van Swieten's liquor and glycerin. Alternate these applications every half-hour until the disappearance of the membranes. — *Bulletin Général de Thérapeutique*, 1894, 4e livr., p. 88.

PAPAIN IN ULCER OF THE STOMACH.

DR. J. F. BARBOUR reports a case in which, without warning, a teacupful of bright arterial blood was vomited; the stools were tarry for several days. One hour after eating there was experienced a violent pain in the stomach, which lasted for two or three hours. In addition, there was noted heartburn, flatulency, and constipation. A rigid diet, Carlsbad salt, subnitrate of bismuth, with morphine, nitrate of silver, gave some relief. Seeing that papain has been used to stimulate repair in indolent ulcers, it was hoped that it would also relieve the dyspeptic symptoms. It was found that an unanticipated effect was secured—the relief of pain. After three weeks the remedy was omitted and there was no return of the pain. Since this condition of ulceration may persist for two or three years, and the patient be constantly threatened with perforation, it seems that a remedy which will relieve the pain and the dyspeptic symptoms, and at the same time promote the healing of the ulcer, is a great desideratum. — *Notes on New Remedies*, 1894, No. 8, p. 113.

THE TREATMENT OF ATONY OF THE STOMACH.

DR. SAVIGNY believes that this condition is an enfeeblement of the muscular wall of the stomach, and should be distinguished from dilatation of that organ in that its capacity is not increased. Since there is no retention of food, lavage is useless. The nourishment should be substantial and yet of